

| ADMINISTRATIVE | OBTS NUMBER | | | ARREST/NOTICE TO APPEAR Juvenile Referral Report | | | | | | | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 3 | Juvenile | No | | | | | | | | | | |
|---|---|----------------|---|---|--|---|---|---|--|--|---|---|---|----|-----------------------------------|--------------------|-------------|--|--|--|--------|--|--|--|
| | Agency ORI Number | | Agency Name | Jupiter Police Department | | | | | | | | | | | Agency Report Number | | | | | | | | | |
| | F L 0 5 0 1 7 0 0 | | | | | | | | | | 54 - 19 - 000814 | | | | | | | | | | | | | |
| | Charge Type: Check as many as apply | | <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other | | | | | Weapons Seized/Type | | | | | | | | | | | | | | | | |
| | | | | | | | | 1. Yes 2. No | | 2 | | | | | | | | | | | | | | |
| | Location of Arrest (Including Name of Business) | | | | Location of Offense (Business Name/Address) | | | | | Date of Offense | | | | | | | | | | | | | | |
| | | | | | Orchids of Asia Day Spa 103 S US Hwy 1 C2, Jup. | | | | | 01/18/19 | | | | | | | | | | | | | | |
| | Date of Arrest | | Time of Arrest | | Booking Date | | Booking Time | | Jail Date | | Jail Time | | Fingerprinted By: | | | | | | | | | | | |
| | | | | | | | | | | | | | <input type="checkbox"/> Identification <input type="checkbox"/> AFIS <input type="checkbox"/> Criminal | | | | | | | | | | | |
| | Location of Vehicle | | | | Other Local Number | | | FDLE Number | | | DOC Number | | FBI Number | | | | | | | | | | | |
| DEFENDANT | Name (Last, First Middle) Resdal, Rolf B. | | | | | | | | Alias (Name, DOB, Soc. Sec. #, Etc.) | | | | | | | | | | | | | | | |
| | Race W - White I - American Indian B - Black O - Oriental/Asian | | Sex W | Date of Birth 10/01/1949 | Height unk | Weight unkn | Eye Color unk | Hair Color Grey | Complexion med | Build med | | | | | | | | | | | | | | |
| | Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) | | | | | | | | Marital Status unk | Religion unk | Indication of: Alcohol Influence Drug Influence | Y <input type="checkbox"/> N <input type="checkbox"/> Un. <input type="checkbox"/> | | | | | | | | | | | | |
| | Local Address (Street, Apt. Number) 1127 E. Seminole Ave #13A | | | | (City) Jupiter | (State) FL | (Zip) 33477 | Phone () | Residence Type: 1. City 2. County | | 3. Florida 4. Out of State | | | | | | | | | | | | | |
| | Permanent Address (Street, Apt. Number) Norway | | | | (City) | (State) | (Zip) | Phone () | Address Source verbal | | | | | | | | | | | | | | | |
| | Business Address (Name, Street) | | | | (City) | (State) | (Zip) | Phone () | Occupation unk | | | | | | | | | | | | | | | |
| | D/L Number unk | | D/L State unk | Soc. Sec. Number unk | | INS Number | | Place of Birth Norway | | Citizenship norway | | | | | | | | | | | | | | |
| CO-DEF. | Co-Defendant Name (Last, First, Middle) | | | | | | | | Race | Sex | Date of Birth | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large | <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile | | | | | | | | | | | |
| | Co-Defendant Name (Last, First, Middle) | | | | | | | | Race | Sex | Date of Birth | <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large | <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile | | | | | | | | | | | |
| JUVENILE | <input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Legal Custodian <input type="checkbox"/> 3. Other: | | Name (Last, First, Middle) | | | | | | | | Residence Phone () | | | | | | | | | | | | | |
| | Address (Street, Apt. Number) | | | | | | | | (City) | | (State) | (Zip) | Business Phone () | | | | | | | | | | | |
| | Notified By: (Name) | | | | | | | | Date | | Time | | Juvenile Disposition 1. Handled/Processed within Dept. and Released | | 2. TOT HRS/DCF 3. Incarcerated | | | | | | | | | |
| | Released To: (Name) | | | | | | | | Relationship | | | | Date | | Time | | | | | | | | | |
| | The above address was provided by the defendant and/or defendant's parent/guardian. The child and/or parent/guardian was told to keep the Juvenile Division Office (Phone 561-355-7200) informed of any change of address: Yes, by: (Name) No: (Reason) | | | | | | | | School Attended | | | | | | | | Grade | | | | | | | |
| CODE | Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Description of Property | | | | | | | | Value of Property | | | | | | | | | | | | | |
| | Activity S. Sell N. N/A P. Possess | | R. Smuggle B. Buy T. Traffic | K. Dispense/Distribute D. Deliver E. Use | M. Manufacture Produce/ Cultivate | Z. Other | Type N. N/A A. Amphetamine | B. Barbiturate C. Cocaine E. Heroin | H. Hallucinogen M. Marijuana O. Opium/Deriv. | P. Paraphernalia/ Equipment S. Synthetic | U. Unknown Z. Other | | | | | | | | | | | | | |
| CHARGE | Charge Description Solicit another to commit prostitution | | | | Counts 1 | <input checked="" type="checkbox"/> FSS <input type="checkbox"/> ORD | Statute Violation Number 796.07(5)(a)1 | | | | Violation of ORD # | | | | | | | | | | | | | |
| | Activity N | Drug Type N | Amount/Unit N/A | Offense # 19-000814 | Warrant/Capias Number | | | | Bond | | | | | | | | | | | | | | | |
| CHARGE | Charge Description | | | | Counts | <input type="checkbox"/> FSS <input type="checkbox"/> ORD | Statute Violation Number | | | | Violation of ORD # | | | | | | | | | | | | | |
| | Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | | | | Bond | | | | | | | | | | | | | | | |
| CHARGE | Charge Description | | | | Counts | <input type="checkbox"/> FSS <input type="checkbox"/> ORD | Statute Violation Number | | | | Violation of ORD # | | | | | | | | | | | | | |
| | Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | | | | Bond | | | | | | | | | | | | | | | |
| CHARGE | Charge Description | | | | Counts | <input type="checkbox"/> FSS <input type="checkbox"/> ORD | Statute Violation Number | | | | Violation of ORD # | | | | | | | | | | | | | |
| | Activity | Drug Type | Amount/Unit | Offense # | Warrant/Capias Number | | | | Bond | | | | | | | | | | | | | | | |
| NOTICE TO APPEAR | <input type="checkbox"/> Instruction No. 1 Mandatory Appearance in Court | | | Location (Court, Room Number, Address) North County Courthouse, 3188 PGA Blvd., Palm Beach Gardens, FL 33410 | | | | | | | | | | | | Violation of ORD # | | | | | | | | |
| | Court Date and Time | | | Month | Day | Year | Time | <input type="checkbox"/> A.M. | <input type="checkbox"/> P.M. | | | | | | | | | | | | | | | |
| I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED. | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Defendant (or Juvenile and Parent/Custodian) | | | | | | | | | | | | | | | | | Date Signed | | | | | | | |
| ADMIN | HOLD for other Agency Name: | | | | Signature of Arresting Officer X <i>Det. A. Sharp #412/1101</i> | | | | Name Verification (Printed by Prisoner) (PRINT) | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest | | | | <input type="checkbox"/> Suicidal <input type="checkbox"/> Other: | | | | Name of Arresting Officer (Print) Det. A. Sharp #412/1101 | | | | I.D.# | | | | PAGE | | | | | | | |
| | Intake Deputy | | I.D.# | | Pouch # | | Transporting Officer | | I.D.# | | Agency | | Witness here if subject signed with an "X" | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | 1 OF 1 | | | |
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|--|--|---|--|---------------------------------------|--|---|---|----------------|----------|----|
| ADMIN | OBTS Number | PROBABLE CAUSE AFFIDAVIT | | | | 1. Arrest 2. N.T.A. | 3. Request for Warrant 4. Request for Capias | 1 | Juvenile | No |
| | Agency ORI Number FL 0501700 | Agency Name JUPITER POLICE DEPARTMENT | | | | Agency Report Number 54-19-000814 | | | | |
| DEF | Charge Type: Check as many as apply. | <input type="checkbox"/> 1. Felony | <input checked="" type="checkbox"/> 3. Misdemeanor | <input type="checkbox"/> 5. Ordinance | <input type="checkbox"/> 2. Traffic Felony | <input type="checkbox"/> 4. Traffic Misdemeanor | <input type="checkbox"/> 6. Other | Special Notes: | | |
| VICTIM | Name (Last, First, Middle) Resdal, Rolf B. | | | | Alias | | | | | |
| PROBABLE CAUSE STATEMENT | Victim's Name (Last, First, Middle) State of Florida | | | | Race | Sex | Date of Birth | | | |
| | Local Address (Street, Apt. Number) 210 Military Trail, Jupiter, Florida 33458 | | | (City) | (State) | (Zip) | Phone (561) 746-6201 | Address Source | | |
| | Business Address (Name, Street) | | | (City) | (State) | (Zip) | Phone () | Occupation | | |
| The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe the above named Defendant committed the following violation of law. The person taken into custody.... | | | | | | | | | | |
| <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ <input type="checkbox"/> confessed to _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. | | | | | | | | | | |
| On the <u>18th</u> day of <u>January</u> , <u>2019</u> at <u>1634</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest) | | | | | | | | | | |

In October of 2018 members of the Jupiter Police Department began an investigation into criminal activity occurring at Orchids of Asia Day Spa, located at 103 S. US Highway 1 C2 in Jupiter. On January 17, 2019, covert surveillance equipment was installed in Orchids of Asia Day Spa pursuant to a sneak and peek warrant. The following narrative is a description of the illicit activity that took place.

Room Surveillance: Det. A. Sharp #412
Room Camera # JPPD Cam 2

January 18th, 2019, 1634hrs – 1733hrs

Defendant: W/M Rolf B. Resdal (W/M, 10/01/49) gray hair, blue shirt, blue jean shorts.

On Friday, January 18th, 2019, video surveillance was conducted at the target business. At approximately 1634hrs, Resdal entered the business, approached the front desk and paid an Asian female previously identified as Hua Zhang (A/F, 12/13/60) who was behind the counter, for services in cash. Resdal handed Zhang a \$100.00 bill and Zhang provided him with \$21.00 cash in change, all of which was captured on JPPD Cam 5. Zhang escorted Resdal to a room, designated as JPPD Cam 2. Resdal completely undressed and laid face down on the table. A second Asian female, who wore a pink shirt with black stripes and black capris pants, entered the room and began massaging Resdal. At approximately 1716hrs, Resdal flipped over and the female began manually manipulating his penis. This went on for several minutes. After a few minutes, the female wiped the male in the area of his genitals with a white towel. At approximately 1731rs, Resdal began to get dressed and handed the female cash. At approximately 1733hrs, Resdal exited the business.

Surveillance on scene: At approximately 1634hrs, a white male, identified as Rolf B. Resdal (W/M, 10/01/49), entered the establishment through the front door. At approximately 1733hrs, the Resdal exited the front door and walked to a nearby condo, which was observed by Detective T. Jenne #403. Officer Palladino #362 conducted a stop on Resdal for a pedestrian violation where he was positively identified as Rolf B. Resdal (W/M, 10/01/49).

Based on the aforementioned investigation, I have probable cause to believe Rolf B. Resdal (W/M, 10/01/49), did solicit, induce, entice, or procure another to commit prostitution, lewdness, or assignation, contrary to Florida Statute 796.07(5)(a)1.

| | | | |
|----------------------------------|--|---|--|
| ADMIN. | SWORN AND SUBSCRIBED BEFORE ME | | SIGNATURE OF THE ARRESTING/INVESTIGATING OFFICER |
| |  NOTARY PUBLIC/CLERK OF THE COURT/POLICE OFFICER | | |
| <u>February 22, 2019</u> DATE | | <u>Det. A. Sharp #412</u> NAME OF OFFICER (PLEASE PRINT) | |
| <u>February 22, 2019</u> DATE | | | |

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